**University of Worcester**

**MSc Physician Associate top-up course**

Please complete this form if you are a qualified Physician Associate applying for the top-up route.

[Please note, that if this form is not completed and uploaded with the application, the application will not be processed and treated as incomplete]

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| --- | --- |
| **Name** |   |
|   |
| **Year qualified as a Physician Associate** |   |
|   |
| **Date of PA Certification or Recertification exam** |   |
|   |
| **What is your current clinical post?** |   |
|   |
| **How long have you been in this post** |   |
|   |
| **Personal Statement** |
| Please outline why you would like to undertake the course and outline previous research you have been involved with. (500 words max.) |
|  |
| **Research Interests** |
| You are not required to write a research proposal, but please outline the area of research that you are interested in, or if you have a specific research idea or question, please state that here. This will aid us in identifying a potential project supervisor. (500 words max.) |
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